

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. The original dispute was received by the Commission Certified Mail, Return Receipt, on 4/02/02. The re-submission packet was submitted on 3/20/03. This medical fee dispute is timely.

I. DISPUTE

Whether there should be **additional** reimbursement of \$2,655.63 for CPT codes 63030-20 and 63030-50 for date of service 4/23/01. The Respondent denied additional reimbursement as "F – FEE GUIDELINES MAR REDUCTION; G – UNBUNDLING".

II. RATIONALE

CPT code 63030-20

The Requestor billed \$4,980.00 for a Bilateral Hemi-Laminotomy requiring the use of a microscope. The MAR value is \$3793.75. According to the Requestor's Table of Disputed Services, the Respondent reimbursed \$3,035.00 with the amount in dispute at \$758.75. The Requestor submitted an EOB re-audit dated 12/20/01 stating an additional payment of \$758.75 had been made. In a telephone conversation with the Requestor, it was stated this additional reimbursement was for the assistant surgeon. The Requestor faxed on 6/24/03 an EOB dated 5/21/01 for the assistant surgeon with a reimbursement of \$758.75. However, the re-audit of 12/20/01 clearly indicates services were for the surgeon and payment of \$758.75 was made on 12/20/01. The Requestor did not provide sufficient evidence to show that the re-audit of 12/20/03 was for the assistant surgeon. Therefore, no additional reimbursement is recommended.

CPT code 63030-50

According to medical documentation submitted by the Requestor, the procedure performed was a Bilateral Hemi-Laminotomy. The Requestor billed CPT code 63030-50. According to Advisory 97-01, adding modifier –50 to the procedure, identifies the second bilateral procedure. In review of the Operative Report of 4/23/01, a Hemi-Laminotomy of L4-5 was made bilaterally. Based on the advisory, CPT code 63030-50 is not global. CPT code 63030 is one of five codes that can be used with the modifier –50 based on Surgery GR (I) (E) (3). Therefore, reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor **is** entitled to reimbursement for the referenced CPT code in the amount of **\$1,896.88**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$1,896.88** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of June 2003.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

Carolyn Ollar, Supervisor
Medical Dispute Resolution
Medical Review Division

PD/pd